CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 0938-0391
		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	a. Building 01		COMPLETED
		155135	B. WING	<del>-</del>	02/06/2013
		1		ADDRESS, CITY, STATE, ZIP CODE	
NAME OF P	PROVIDER OR SUPPLIEF	R		LINIC DR	
\//EST\/IF	EW NI IRSING AND	REHABILITATION CENTER		PRD, IN 47421	
VVLSTVIL	_W NONSING AND	TREMABLEMATION CENTER	BEDIC	, IN 47421	
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
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TAG	REGULATORY OR	R LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE
K0000					
	A Life Safety Co	ode Recertification and	K0000		
	State Licensure	Survey was conducted by			
		e Department of Health in			
		•			
	accordance with	42 CFR 483.70(a).			
	Survey Date: 02	2/06/13			
	Facility Number	000060			
	Provider Number				
	AIM Number: 100266600				
	Surveyor: Philli	ip Komsiski, Life Safety			
	Code Specialist				
	A 4 41 in Tife Cafe	ct- C- 1			
	At this Life Safe	•			
		ng and Rehabilitation			
	Center was foun	d not in compliance with			
	Requirements for	or Participation in			
	-	eaid, 42 CFR Subpart			
		Safety from Fire, and the			
	` ' '	•			
		the National Fire			
	Protection Associ	ciation (NFPA) 101, Life			
	Safety Code (LS	SC), Chapter 19, Existing			
	•	cupancies and 410 IAC			
	16.2.				
	10.4.				
	-	acility determined to be of			
	Type V (111) co	onstruction with a			
	basement was fully sprinklered. The				
		e alarm system with			
	-	in the corridors and			
	spaces open to the	he corridors. Fifteen			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiency statement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

000060

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/20/2013 FORM APPROVED OMB NO. 0938-0391

	OF CORRECTION  OF CORRECTION  155135	(X2) MULTIPLE CO  A. BUILDING  B. WING	01	— CON 02/0	TE SURVEY MPLETED 06/2013
	PROVIDER OR SUPPLIER EW NURSING AND REHABILITATION CENTER	1510 C	ADDRESS, CITY, STATE, ZIP C LINIC DR DRD, IN 47421	ODE	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
	resident rooms on Cottage hall were provided with hard wired smoke detectors and the other 46 resident rooms had battery powered smoke detectors. The facility has a capacity of 95 and had a census of 65 at the time of this survey.  All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered, except for one garage used for facility storage which was not sprinklered.  Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/08/13.  The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 8S9M21

Facility ID: 000060

If continuation sheet

Page 2 of 8

IDENTIFICATION NUMBER: 155135  NAME OF PROVIDER OR SUPPLIER  WESTVIEW NURSING AND REHABILITATION CENTER  REPETRY  GLACIT PRICIESSAY MIST BE PRECEDED BY PIRI .  AND TAG  REPETRY  TAG  REPETRY  REPETRY  TAG  TAG  REPETRY  TAG  REPETRY  TAG  REPETRY  TAG  TAG  REPETRY  TAG  TAG  REPETRY  TAG  TAG  TAG  REPETRY  TAG  TAG  TAG  REPETRY  TAG  TAG  TAG  TAG  TAG  REPETRY  TAG  TAG  TAG  TAG  TAG  TAG  TAG  TA	STATEMENT OF DEFICIENCIES X		X1) PROVIDER/SUPPLIER/CLIA	(X2) M	JLTIPLE CO	NSTRUCTION	(X3) DATE	URVEY	
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at 2:24 p.m. with the Maintenance  Supervisor, it was acknowledged the aforementioned corridor doors did not  action(s) will be taken?  Other doors throughout the building were examined and none were						identified and what corrective	е		
Supervisor, it was acknowledged the aforementioned corridor doors did not Other doors throughout the building were examined and none were						action(s) will be taken?			
aforementioned corridor doors did not were examined and none were	at 2:24 p.m. with the		the Maintenance						
aforementioned corridor doors did not were examined and none were		Supervisor, it wa	s acknowledged the			Other doors throughout the building	3		
		_	~			were examined and none were			
Tourid to be in fleed of latering						found to be in need of latching			

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/20/2013 FORM APPROVED OMB NO. 0938-0391

	OF CORRECTION	IDENTIFICATION NUMBER: 155135	A. BUILDING B. WING	<u>01</u>	COMPLETED 02/06/2013
NAME OF PROVIDER OR SUPPLIER WESTVIEW NURSING AND REHABILITATION CENTER			1510 C	ADDRESS, CITY, STATE, ZIP CODE ELINIC DR DRD, IN 47421	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	-	g devices, they simply shut and would not latch		devices.  What measures will be put in place or what systemic changes will be made to ensure that the deficient practice does not recur?  Regular Maintenance rounds will continue to ensure that all latching devices operate properly.  How the corrective action(s) will be maintained to ensure the deficient practice will not recur, i.e., what quality assurance program will be p into place?  Maintenance rounds documentatio will be reviewed by the QA & A Committee to ensure compliance.	t ut

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X3) DATE SURVEY STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED 01 . BUILDING 155135 02/06/2013 WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1510 CLINIC DR WESTVIEW NURSING AND REHABILITATION CENTER BEDFORD, IN 47421 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG  $\mathsf{TAG}$ K0064 **NFPA 101** SS=E LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 K0064 02/13/2013 Based on observations and interview, the K064 What corrective action(s) will be accomplished for those facility failed to ensure 1 of 31 portable residents found to have been ABC class fire extinguisher pressure affected by the deficient gauge readings was in the acceptable practice? The identified range. NFPA 10, the Standard for extinguisher was replaced the Portable Fire Extinguishers, Chapter same day as the visit. How other residents having the potential 4-3.2(g) requires the periodic monthly to be affected by the same check shall ensure the pressure gauge deficient practice will be reading is in the operable range. 4-3.3.1 identified and what corrective requires any fire extinguisher with a action(s) will be taken?An deficiency in any condition listed in 4-3.2 outside Fire and Safety vendor performed a complete review of (c), (d), (e), (f) and (g) shall be subjected all existing extinguishers to applicable maintenance procedures. throughout the building on This deficient practice could affect 6 2/12/2013 and found all to be in residents in the adjacent dining and compliance and in working order. activity room on Visions hall as well as What measures will be put into place or what systemic visitors and staff. changes will be made to ensure that the deficient Findings include: practice does not recur?Regular Maintenance Based on observation on 02/06/13 at 3:00 rounds will continue to ensure that all extinguishers operate p.m. with the Maintenance Supervisor, properly. How the corrective the gauge on the ABC Class portable fire action(s) will be maintained to extinguisher in the S.C.U. Dayroom ensure the deficient practice adjacent to Visions hall showed the will not recur, i.e., what quality assurance program will be put extinguisher to be discharged. Based on into place? Maintenance rounds interview on 02/06/13 at 3:01 p.m. with documentation will be reviewed the Maintenance Supervisor, it was by the QA & A Committee to agreed the gauge reading was not in the ensure compliance. normal operating range and it would

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/20/2013 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	ONSTRUCTION 01	(X3) DATE SURVEY COMPLETED 02/06/2013				
		133133	B. WING		02/00/2013			
NAME OF F	ROVIDER OR SUPPLIE	8		ADDRESS, CITY, STATE, ZIP CODE				
\//EST\/II	WESTVIEW NURSING AND REHABILITATION CENTER			1510 CLINIC DR BEDFORD, IN 47421				
				T				
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5) COMPLETION			
TAG		ICY MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE COMPLETION DATE			
TAG	affect the operat		IAG		DATE			
	extinguisher.	ion of the me						
	extiliguisher.							
	3.1-19(b)							
	3.1-19(0)							

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY					
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING O1			COMPLETED	
	155135		B. WING 02/06/2013			02/06/2013	
			B. WIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER							
WESTVIEW NURSING AND REHABILITATION CENTER			1510 CLINIC DR BEDFORD, IN 47421				
				BLDI O	, IN 4742 I		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF CORRECTION	(X5	5)
PREFIX	`	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DATI	Е
K0147	NFPA 101						
SS=D	LIFE SAFETY CO						
		ind equipment is in					
	Electrical Code. 9	NFPA 70, National					
			K01	47		02/13/	2012
		ation and interview, the	KUI	.4 /	K147	02/13/	2013
		ensure 1 of 1 power strips			What corrective action(s)	.	
		a substitute for fixed			What corrective action(s) will be accomplished for those	1	
	wiring. NFPA 7	0, National Electrical			residents found to have been	,	
	Code, 1999 Editi	ion. NFPA 70, Article			affected by the deficient	'	
	400-8 requires, u	inless specifically			practice?		
	•	le cords and cables shall					
	•	substitute for fixed			The identified power strip was		
		ture. This deficient			removed on the day of the visit.		
	_						
	•	fect 2 residents in room #			How other residents having t	he	
	36, as well as vis	sitors and staff.			potential to be affected by the	e	
					same deficient practice will b	e	
	Findings include	:			identified and what corrective	ə	
					action(s) will be taken?		
	Based on observa	ation on 02/06/13 at 1:11					
	n m with the Ma	nintenance Supervisor,			All rooms throughout the building		
	medical equipme	•			were inspected and no other power		
					strips were found with medical		
	•	ed a power strip to draw			equipment drawing power from them.		
	•	all outlet. Based on			uieiii.		
		06/13 at 1:12 p.m. it was			What measures will be put in	to	
	acknowledged by	y the Maintenance			place or what systemic	.	
	Supervisor, a pov	wer strip was used for the			changes will be made to		
	oxygen concentr	ator.			ensure that the deficient		
					practice does not recur?		
	3.1-19(b)						
	5.1 17(0)				Regular Maintenance rounds will		
					continue to ensure that all medical		
					equipment is being powered		
					properly.		
					How the corrective action(s)		

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/20/2013 FORM APPROVED OMB NO. 0938-0391

	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155135	(X2) MULTIPLE CO  A. BUILDING  B. WING	01	(X3) DATE SURVEY COMPLETED 02/06/2013
	PROVIDER OR SUPPLIE	R O REHABILITATION CENTER	1510 C	ADDRESS, CITY, STATE, ZIP CODE SLINIC DR DRD, IN 47421	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	
				will be maintained to ensure the deficient practice will no recur, i.e., what quality assurance program will be into place?	ot
				Maintenance rounds documentati will be reviewed by the QA & A Committee to ensure compliance.	

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Event ID: 8S9M21

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